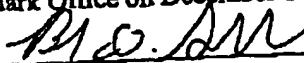


CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trade-mark Office on December 10, 2004.



Brad Sherbuck - Assistant to Gavin N. Manning

Application No. 09/991353
Amendment dated 10 December 2004
Reply to Office Action of 11 August 2004

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DEC 10 2004

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Inventor(s): MOLLICONE, Daniel Joseph; WOLLEN, Matthew Vit Van
Title: METHOD AND APPARATUS FOR A WAKING CONTROL SYSTEM
Serial No.: 09/991353
Filed: 20 November 2001
Examiner: MISKA, Vit W. Art Unit: 2841
Att. Docket: P523 0001

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT

In response to the Office Action mailed 11 August 2004, please amend this application as follows:

- Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.
- Remarks begin on page 15 of this paper.

12/21/2004 WIGGINS

02 FC:2202 400.00 DA

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CERTIFICATE OF FACSIMILE TRANSMISSION

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Blc 2m

Brad Sherbuck - Assistant to Gavin N. Manning

P523 0001
GNM/TAR/bds

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Inventor(s): MOLLICONE, Daniel Joseph; WOLLEN, Matthew Vit Van
Title: METHOD AND APPARATUS FOR A WAKING CONTROL SYSTEM
Serial No.: 09/991353
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Examiner: MISKA, Vit W. Art Unit: 2841
Date: 10 December 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

PETITION FOR EXTENSION OF TIME

1. This is a petition for an extension of time for filing a response.
2. The communication in connection with the matter for which this extension is requested is filed herewith.
3.

Total Months <u>Requested</u>	Fee for Other <u>than Small Entity</u>	Fee for <u>Small Entity</u>
a. [X] two months	\$120.00	\$60.00
4. Charge fee to Deposit Account No. 02-1037.
5. The Commissioner is hereby authorized to charge any additional fees which may be required by this paper, any additional extensions of time, or credit any overpayment to Deposit Account No. 02-1037.

Fee \$ 60.00

12/21/2004 ASSIGNED: 00
01 FC:2251 60.00

Respectfully submitted,
OYEN WIGGS GREEN & MUTALA

By:

Gavin N. Manning
Registration No. 36,412
tel: 604.669.3432 ext. 9043
fax: 604.681.4081
e-mail: docket3@patentable.com

Vancouver, B.C.
CANADA

- 1 -

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09991353

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

57038-2

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	23	
FOR	NUMBER FILED	NUMBER EXPIRED
TOTAL CHARGEABLE CLAIMS	23 minus 20 =	3
INDEPENDENT CLAIMS	minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES. EXT.
Total	35	23	2
Independent	4	6	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=	27	OR	X\$18=	
X42=	126	OR	X84=	
+140=		OR	+280=	
TOTAL	523	OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=	18	OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=	450	OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE	450	OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

her found in the appropriate box in column 1.

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES. EXT.
Total	47	25	16
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES. EXT.
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest.